

Appendix A – e-Application and Reporting Forms

A. *Application for Federal Assistance Form (SF 424)*

B.

OMB Approval No. 1205-0439
Expiration date: 05/31/2003

Project Synopsis Form

| | | |
|--|---------------------------------------|------------------------------------|
| State of _____ | Amount of Funding Request \$ _____ | Amount Approved by DOL \$ _____ |
| Project Name: _____ | | |
| Project Type: <input type="checkbox"/> Regular <input type="checkbox"/> Disaster <input type="checkbox"/> Trade Dual Enrollment <input type="checkbox"/> Trade Act Health | | |
| Application Type: <input type="checkbox"/> Full <input type="checkbox"/> Partial (reason: _____) | | |
| State-based Qualified Health insurance coverage Programs Selected by State <input type="checkbox"/> Continuation Provision <input type="checkbox"/> High-Risk Pool <input type="checkbox"/> State Employees <input type="checkbox"/> State Employee-Comparable <input type="checkbox"/> Joint State-Private Nonpool <input type="checkbox"/> Joint State-Private Pool <input type="checkbox"/> Nonfederally Financed | | |
| Applicant Contact Person: _____ | | |
| Street Address 1: _____ | | |
| Street Address 2: _____ | | |
| City: _____ State: _____ Zip Code: _____ | | |
| Telephone: _____ | | |
| FAX: _____ | | |
| Email: _____ | | |
| Planned Number of Participants: _____ | | |
| Planned Cost per Participant: _____ | | |
| \$ _____ | | |
| % of Planned Participants Receiving NRPs: _____ % | | |

ETA 9106
(January 2003)

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at one hour. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

C.

OMB Approval No. 1205-0439
Expiration date: 05/31/2003*Planning Form*

All quarterly entries are CUMULATIVE over all previous quarters.

| PERFORMANCE FACTOR | PROGRAM YEAR QUARTER | | | | | | | |
|--|----------------------|--|--|--|--|--|--|--|
| | | | | | | | | |
| IMPLEMENTATION SCHEDULE | | | | | | | | |
| TOTAL PARTICIPANTS | | | | | | | | |
| Receiving Support Services | | | | | | | | |
| Rec. Needs- Related Payments | | | | | | | | |
| Rec. Health Premium Payments | | | | | | | | |
| EXPENDITURE SCHEDULE | | | | | | | | |
| TOTAL EXPENDI- TURES | | | | | | | | |
| NRPs | | | | | | | | |
| Support Services | | | | | | | | |
| Other | | | | | | | | |
| Health Premiums | | | | | | | | |
| Total Admin. excl. NRPs/Health Premiums | | | | | | | | |
| - Indirect | | | | | | | | |
| NRP Admin. | | | | | | | | |
| Health Premium Admin. | | | | | | | | |

ETA 9103
(January 2003)

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 90 minutes. Send comments regarding the burden estimate or any other aspect of this collection, including suggestions for reducing this burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington D.C. 20210. (Paperwork Reduction Project 1205-0439).

D.

OMB Approval No. 1205-0439
Expiration date: 05/31/2003

Quarterly Report Form

Grantee:

Project:

Performance Period Covered by this Report: _____ through _____

| PERFORMANCE FACTOR | TRADE ACT HEALTH |
|---|---------------------|
| TOTAL PARTICIPANTS | |
| Receiving Support Services | |
| Rec. Needs-Related Payments | |
| Rec. Health Premium Payments | |
| TOTAL EXPENDITURES | |
| NRPs | |
| Support Services | |
| Health Premiums | |
| Other | |
| Total Admin., excl. NRPs/Health Premiums | |
| - Indirect | |
| NRP Admin. | |
| Health Premium Admin. | |

ETA 9104
(January 2003)

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding the burden estimate or any other aspect of this collection, including suggestions for reducing this burden to the U. S. Department of Labor, Office of National Response, Room N-5422, Washington D. C. 20210. (Paperwork Reduction Project 1205-0439).